DOCUMENT RESUME

ED 143 960 CG 011 747

AUTHOR Majchrzak, Shirley
TITLE An At-Home Rehabilitation Program for Families of Women Alcoholics.
PUB DATE 19 Feb 77
NOTE 5p.; Paper presented at the Annual Meeting of the Canadian Guidance and Counseling Association (Halifax, Nova Scotia, 1976)

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS *Alcoholism; Child Development; *Crisis Therapy; Family Counseling; *Home Visits; *Mothers; *Paraprofessional Personnel; Parent Influence; Problem Solving; Program Descriptions; *Rehabilitation; Therapeutic Environment

ABSTRACT

The family is the basic physical and emotional support system in American society. Dysfunction of a family member may reflect family dysfunction and certainly affects the well-being of other family members. Disturbances in the mother can have profound effects on family functioning and child development, as mothers bear most of the responsibility for care of children and household management. Alcoholic women living with their children are recognized as a treatment population needing special environmental support as part of their recovery. The training of paraprofessional service providers who work with the family at their own home on a full-time basis can provide valid and needed services. These helpers are trained to engage in activities ranging from childcare and household tasks to motivating family members to learn and apply problem solving techniques, while helping the mother through a treatment program for her alcoholism. The services are short-term and crisis oriented, designed to help all family members develop long-term therapeutic programs utilizing community facilities. This technique has shown positive results in an independent evaluation, and can be replicated in other populations with family crisis problems. (Author)

****
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. Nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
****

BEST COPY AVAILABLE

AN AT-HOME REHABILITATION PROGRAM FOR FAMILIES OF WOMEN ALCOHOLICS

A presentation at the California Personnel and Guidance Association Convention, February 19, 1977

By Shirley Majchrzak, M.S.

Home-based intervention in helping mothers and children is one of the more recent therapeutic contributions to the promotion of a positive approach to community mental health.

Using Gerald Caplan's (2) conceptual model for primary prevention of mental disorder, every individual needs "supplies" appropriate to the particular stage of development. Three groups of supplies are specified in his model: physical, psycho-social and socio-cultural. The support systems through which these supplies are garnered serve as a buffer against disease. The family integrity is an important aggregate of the individual's support system and one that requires safeguarding. When illness, hospitalization or the death of the mother threatens the family integrity, prevention services need to be available.

The Family Rehabilitation Coordinator Project (7) at UCLA Extension is concerned with the assistance of families where the mother is an alcoholic, and in it's design provides home-based intervention in much the same way as Caplan conceptualizes. These alcoholic mothers, are usually the primary caregivers of their childre. By giving aid to mothers and families with children living in the home, it is possible to set in motion practices which will promote the healthy growth and adjustment of those children. Although there has long been recognized a need to help women with child care activities when the mother is absent, there is still great disparity between the recognition of the problem and the provision of services. At best, services that are provided by social agencies will remove the child from the home, if not for the entire day, for part of the day, or longer. Granted there may be good rationale for this approach in some cases, in many more this type of service creates disruption of the family functioning and may cause a great deal of harm. To anticipate that children removed from the family can learn practices that will then make them the change agent in a dysfunctional family is a grave error in judgement, and is not borne in the literature.

The concept of home centered interventions (Zak and Spector 10) has been implemented over recent years in two types of programs: the first type bringing trained workers into the home to work directly with the youngsters; the second relies on trained personnel primarily as educators to the parents. Despite the differences in approach both types of programs have influenced the way in which the parent-child relationship develops. Schaefer and Aaronson (10) tutored infants in their own home and found significantly higher IQ's in the tutored group; Levenstein (6) sought to stimulate intellectual growth in pre-school children by altering the mother-child relationship; and again the experimental group showed a significantly greater gain in both IQ and vocabulary then did the control group; Karnes and Associates (5) trained 20 mothers and found that their children gained in intelligence and language. The positive results reported in these small studies, and nevertheless indicators that family-centered interventions do produce positive effects. Especially when one considers the findings of Skeel and Dye (8) that infants raised by retarded women could show intellectual gains over their performance under institutional care. We do know that institutional programs have their limitations; for some they are reasonably helpful, for other they have failed. Intervention programs, aside from providing services to people who will benefit from them, may also provide us with some solid clues as to the importance of various

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE NATIONAL INSTITUTE OF EDUCATION

ED143960

CG011747

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY Shirley Majchrzak

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC) AND USERS OF THE ERIC SYSTEM."

Another innovative approach to family crisis situation is a project conducted by the Catholic Children's Services of Tacoma, Washington, called the Homebuilders Project (3). The professionals on the staff respond to calls from families where one or more of their members were scheduled to be placed in a foster home or institution. Here too the Homebuilder provides services within the home, for as many hours as it is necessary to dispell the crisis, usually only able to handled one case in two weeks. Their results are positive, helping 106 of the 119 families they served to maintain their cohesiveness and 5 of the 177 individuals have since been separated from their families. There are many similarities between the Family Rehabilitation Coordinator Project and Homebuilders, but one of the real differences is that the FRCP is responding to a broader crisis, the dysfunction of the family, and does not leave until all members are connected to community resources. This latter set of activities necessitates that the worker remain in the home a longer period of time, helping solve day to day problems of living as well as the larger more involved problems.

In delivering care in the home, the worker cannot only respond to the realities of the situation, but the timeliness of intervention in small crisis, which may indeed prevent the escalation of problems. In trying to help families in a hospital or office setting there may be so much masking and defensiveness, that the worker may take hours and perhps never be able to understand the nature of the crisis or the presenting problem. Even if the family could define it's need, and even prioritize the solutions, the skill of presenting to the right agency, the right person is not possible. By going into the home, intervention can be immediate, appropriate and practical. Modeling of desired behaviors in parenting, relating skills in household management can be done in the actual setting where they are practiced. Working in the home has the potential of being a new effective thereapeutic modality--bringing care to the people, an ultimate outgrowth of community mental health.

It is expected that recovery or improvement of any one member of a family depends on changesaand adjustments in other family members. By observing the family system and intervening in a planned and controlled manner, family change can be channeled in the directions that will promote the most family and individual growth. Because the Family Coordinator is "inside" the family, the effect is of adding the strength of a stable adult to the system, giving the system more energy, flexibility and resilience to cope with the changes involved in growth toward health functioning.

Documentation and alcoholism of a family member affects the whole family is well established and is the basis for recovery approaches to family members such as Al-Anon and Alateen. Recovery from alcoholism usually begins with a crisis situation for the alcoholic, which motivates that person to seek treatment. The recovery process of the acoholic creates a crisis for the family, because the alcoholic's maintenance of sobriety is a drastic change in that person's behavior which affects the rest of the family system. In fact, if the family system does not change to accommodate the sober alcoholic, the likely outcomes are that the alcoholic will return to drinking or that the alcoholic will have to be separated from the family.

The family pattern that maintains the drinking of women alcoholics is also well known: the woman is isolated in the home, protected by her family; the illness goes unrecognized because of the shame involved; low level performance of women's typical jobs and household tasks usually goes unnoticed or ignored; and the low self-esteem discourages the seeking of help. Beckman(4)

Successful recovery programs emphasize the alcoholics acceptance of the personal situation of living and learning to cope with living problems without drinking. This "social model" of recovery focuses on strengths, on positive aspects of sobriety, on learning and growing for one's own sake, and substituting dependence on satisfying interpersonal relationships for dependence on alcohol. Support and acceptance of the alcoholic and the family members, rather than evaluation and imposition of change seem to hasten

recovery, as demonstrated by Alcoholics Anonymous. The family can also be aided to build on their assets and work toward a stable and mutually satisfying family adjustment.

The approach of the Family Rehabilitation Coordinator (FRC) was developed to support women alcoholics who are mothers to compensate for some of the sociological factors with which prior avenues of help to the families of alcoholics have not dealt. In addition, since the children of alcoholics, particularly of alcoholic mothers, are a high risk group for the development of various personal problems (4), it is felt that intervention with the family can have a preventive effect for the adjustment and mental health of thechildren in the future.

The Family Rehabilitation Coordinator intervention facilitates change according to the constructs of both crisis intervention and family systems theory. The family crisis is the beginning sobriety of the mother which requires the family system to accommodate. The introduction of an FRC into the system focuses on the individual family members acts to reduce the family response to maintain homeostasis, i.e. mother's return to drinking or her expulsion from the system. The Family Rehabilitation Coordinator is a paraprofessional worker, trained for six months by the project staff and placed in the home of the drinking woman with children for a month of full-time service (40 hours per week). The precdent for this well established (9). The worker's focus is on practical tasks that will enable the mother to give as much energy and attention as possible to getting established in a long term alcoholism recovery program. The FRC also aids the entire family by providing for any special needs of the children. 15 trainees have been trained each year, the project being in it's second year.

The training is divided into two major phases, the first consists primarily of classroom activities and field placement in both a social service agency and child care agency; and the second phase is an actual implementation of the FRC role in client families where the mother with children is an alcoholic. The families are referred by community agencies and are required to sign aconsent to participate. When the trainees are assigned andfunction within the families they do so under constant supervision which includes weekly sessions in the home as well as seminars in the project training center.

The impact of the trainees as evaluated by their supervisor over a one month intervention with the project client families was felt in making some definite changes. (1) The physical environment reflected both cleaning and organization improvement (2) Focusing the mother's attention on concrete tasks, diverted her from an ineffective director's role with the children. These mother's when then able to pay more attention to the emotional needs of their children; and the children were freer to pursue their own needs and interests. (3) Focusing family energy on constructive tasks allowed the accomplishment of individual tasks and of family tasks. (4) The communication between family members were more purposeful and concrete. (5) There was a definite reduction of noise level within the home; (6) There was a greater range of affect or emotional expression. (7) family members were able to communicate theirfeelings about alcoholism.

The objective evaluation of the helpfulness of the trainees toward the families were conducted by an impartial investigator, once at the time of conclusion of services and again six months later. The evaluation was conducted through an interview process with the mother and all family members over the age of 12. The results on the whole were very positive. In the 6 month followup of 18 mothers and 19 children, all assessed the FRC trainee as being helpful to mother's therapy, changes in household management, changes in relationships and utilization of community resources. All of the mothers were sober and none of the family members reported adverse

effects of the intervention and few believed the FRC could have performed additional services. With these positive results eminating from the very first population served, speaks very well for the intervention method. The pioneer thrust of the project was to it's disadvantage. Families had considerable suspicion, and required reinforcement for participating in the project, and for clarification of roles between the mother and the FRC. Trainees also needed constant reassurance and support. In spite of all of this and the clumbsiness of a first attempt the results were exceptionally good.

The application of this therapeutic approach to other crisis situations, where members of thefamily are having difficulty coping with drug abuse, child abuse, mental illness, mental retardation and traumatic illness is realistic.

BIBLIOGRAPHY

1. Beckman, Linda J., Women alcoholics; a review of social and psychological studies. Journal of Studies of Alcohol, 36: 797-824, July 1975.

2. Caplan, Gerald, Support systems and community mental health. New York: Behavioral Publications, 1974.

3. Horn, Jack C., House-Calls for families in crisis. Psychology Today, 113-114, December 1976.

4. Institute for Scientific Analaysis, Pathways to prevention: a 20-year longitudinal study of children of alcoholics. 1976

5. Karnes, M.B., Teska, J.A., Hodgins, A.S. & Badger, I.D., Educational intervention at home by mothers of disadvantaged infants. Child Development 41: 925-935, 1970.

6. Levenstein, P., Cognitive growth in preschoolers through stimulation of verbal interaction with mothers. Paper presented to the 46th annual meeting of the American Orthopsychiatric Association, New York: April 1969.

7. Majchrzak, Shirley, Terry S. Davis, Linda A. Haygood, Patricia Shanahan, The family rehabilitation coordinator project, first year report, Los Angeles, UCLA, 1976.

8. Skeels, H.M. & Dye, H.B., A study of the effects of differantial stimulation on mentally retarded children. Journal of Psycho-asthenics, 44: 114-136, 1939.

9. Walder, Leopold O., Shlomo I. Cohen, etc., Parents as agents of behavior change. In Golann, Stuart E. and Carl Eisdorfer, Handbook of Community Mental Health, New York: Appleton-Century-Crofts, 1972.

10. Zax, Melvin and Gerald A. Spector, An introduction to community psychology, New York: John Wiley and Sons, Inc., 1974.